

## CLINICIAN SYMPTOM RATING

**WHEN:** At each visit.

**ON WHOM:** SanDMAP Health patients enrolled in the Schizophrenia Algorithm.

**COMPLETED BY:** Mental Health Provider trained to conduct Brief Psychiatric Rating Scale.

**MODE OF COMPLETION:** Legibly handwritten or typed on form HHSA:MHS-918.

**REQUIRED ELEMENTS:** All items must be completed.

**BILLING:** Document time spent on form. To calculate total number of minutes include preparation time, interview time, and documentation time. ***Also*** note the number of minutes spent solely as face-to-face time (direct time).  
For Example: Total: 120 Minutes  
Direct: 60 Minutes